

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ms</i>		9/19/00
O.I.P.E. CLASSIFIER	<i>Q</i>	43	9/26/00
FORMALITY REVIEW		71531	11.02.00
RESPONSE FORMALITY REVIEW		71531	1.11.01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Claim	Date
Final	
Original	
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